

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>260009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/18/2004</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOTHWELL REGIONAL HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 E 14TH ST SEDALIA, MO 65302</b>		
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L 000	INITIAL COMMENTS  An unannounced state licensure inspection and two complaint investigatins were conducted at this accredited hospital on 11/15-18/04.  Complaint MO00014961. This facility is currently in substantial compliance with 19 CSR 30-20.021 (4) (A) Ambulatory Care Services in regards to this complaint.  Complaint MO00016622. This facility is currently in substantial compliance with 19 CSR 30-20.021 (3) (C) Emergency Services in regards to this complaint.	L 000		
L 204	30-20.021(3)(C)3 UNDER MEDICAL DIRECTION  3. Hospital emergency services shall be under the medical direction of a qualified staff physician who is board-certified or board-admissible in emergency medicine and maintains a knowledge of current ACLS and ATLS standards or a physician who is experienced in the care of critically ill and injured patients and maintains current verification in ACLS and ATLS. In pediatric hospitals, PALS shall be substituted for ACLS. With the explicit advanced approval of the Department of Health, a hospital may contract with a qualified consultant physician to meet this requirement.  This regulation is not met as evidenced by: Based on interview and record review, the facility failed to have a qualified medical director for the emergency room (ER) department. Failed to have approval of the Department of Health and Senior Services for an Out of State contractual	L 204		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 204	Continued From page 1  ER consultant physician to meet the qualified requirement for the ER Medical Director. Facility census was 92. As evidenced by the following:  Interview with the ER department Nurse Manager (coded letter G) on 11/15/04 at 3:30pm stated that the ER Medical Director resigned on September 21, 2004. Since then the hospital has been interviewing physicians for the medical director position. Nurse Manager "G" stated that a physician from South Carolina has been serving as the consultant ER Medical Director. Nurse Manager "G" stated he/she consults with the physician from South Carolina on a daily basis. Nurse Manager "G" stated that the consultant ER Director from South Carolina is not licensed in the State of Missouri and is not a member of the Hospital Medical Staff. Nurse Manager "G" stated that currently there is no ER Medical Director.  Record review of the physician credential file indicated that the consultant ER Medical Director is licensed in the State of North Carolina and is currently Board Certified in Family Practice. The consultant ER Medical Director has current Advanced Trauma Life Support Status dated 9/25/03. The records did not show that the hospital obtained explicit advanced approval of the Department of Health and Senior Services to utilize the contractual ER Director to meet the ER Director requirement.	L 204		
L 297	30-20.021(3)(G)7 STORAGE OUTSIDE  7. Medication storage areas outside of the pharmacy shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medications	L 297		

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L 297	<p>Continued From page 2</p> <p>shall be stored in a sealed compartment separate from food and laboratory materials. Medication storage areas shall be locked and accessible only to authorized personnel.</p> <p>This regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all medication stored outside the pharmacy is kept locked and accessible only to authorized personnel. Failed to follow internal policy for medication storage. Facility census was 92. As evidenced by the following:</p> <p>Findings:</p> <p>During the initial tour of the operating room #5 on 11/16/04 at 3:00pm, it was observed that a 10-millimeter (ml) 200 milligram (mg) multidose vial of Succinylcholine medication was stored in the anesthesia supply cart. The supply cart was observed to be unlocked and unsecured in operating room #5. The unlocked and unsecured Succinylcholine medication was within easy access to staff, housekeeping personnel and maintenance personnel.</p> <p>Review of the Physician Desk Reference (PDR) 1994 edition pp689 describe the Succinylcholine medication as a neuromuscular blocker and is an ultra short-acting depolarizing type of medication that is used in facilitation of endotracheal intubation, skeletal muscle relaxation during orthopedic manipulations. According to the PDR the Succinylcholine medication "Should be used by individuals familiar with its actions, characteristics and hazards" and the multidose vial of the medication is stable for up to 14 days</p>	L 297		

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L 297	Continued From page 3  at room temperature. The medication should be stored in the refrigerator between 36 - 46 degree Fahrenheit.  Review of the facility internal drug storage policy stated that all drugs must be kept locked and accessible only to those authorized to administer the drugs.  Interview with Pharmacy Director (coded letter I) on 11/18/04 at 4:00pm he/she stated that the medication should have been locked. Pharmacy Director "I" stated that unlocked medication has been a recurrent problem in the anesthesia cart and that he/she will continue to evaluate the problem.  Interview with a staff anesthesia physician on the afternoon of 11/17/04 he/she stated that he/she acknowledged that the Succinylcholine medication must be locked up but that he/she has only been at the facility just over a year and is continuing to work at it.	L 297		
L 359	30-20.021(3)(K)2 MAINTAIN GOOD REPAIR  2. Each hospital shall be maintained in good repair to facilitate the maintenance of an appropriate health care delivery environment and to minimize hazards.  This regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the manufactures warnings for verifying the conductivity and pH of the dialysis machine. Failed to follow internal policy for checking conductivity of the machine. Failed to ensure the Myron L-D1 Meter used to check the electrical	L 359		

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L 359	<p>Continued From page 4</p> <p>conductivity of the hemodialysis machine is in working order. Facility census was 92 patients during the survey. As evidenced by the following:</p> <p>During the onsite survey on the morning of 11/18/04, the surveyor observed that the hospital acute hemodialysis treatment area did not have information of verification that the Myron L-D1 Meter used to check conductivity of the dialysis machine is in working order. The surveyor did not observe the standard solution used to check the meter before the initiation of dialysis.</p> <p>Review of the Manufacture's Operational Manual for Fresenius Hemodialysis machine stated the WARNING: "Always verify the conductivity and approximate pH of the dialysate solution through independent means before initiating dialysis. Verify that the pH is normal and that the conductivity is reasonable close to the theoretical value. If it is not, do not initiate dialysis".</p> <p>Review of the internal policy for acute hemodialysis labeled "Dialysis Clinic, Inc: Conductivity, Meter - Myron - L. stated: to ensure safe ranges of conductivity, the Myron -L conductivity meter is calibrated each day before hemodialysis are initiated".</p> <p>Interview with the Performance Improvement Risk Management Coordinator (coded letter H) on the afternoon of 11/18/04 he/she stated that he/she had spoken with the hemodialysis person and it was indicated that he/she check the conductivity of the machine then write the result on the patient's flow sheet. Performance Improvement "H" stated that whatever it takes to fix it, it will be fixed.</p>	L 359			

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L 396	Continued From page 5	L 396		
L 396	30-20.021(3)(M)4B. REVIEW OF CARE  B. Review of care that includes outcomes of care provided by the medical and nursing staff and by other health care practitioners employed or contracted by the hospital;  This regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all contracted services provided at the hospital are evaluated for quality of care and services. Facility census was 92. As evidenced by the following:  Finding:  During the review of the Quality Assurance Program on 11/18/04, the facility had no Quality Assurance information on Anesthesia Services and the acute hemodialysis treatment services provided at the hospital. Both the anesthesia and acute hemodialysis services are provided through contractual agreements and it could not be determined how the facility evaluates the quality of services provided.  Interview with the Performance Improvement/Risk Management (coded letter H) on the morning of 11/18/04 stated there was no Quality Assurance for Anesthesia and the Hemodialysis Services.	L 396		
L 456	30-20.021(4)(E)6. ISOLATION OF INFANTS  6. There shall be provision for isolation of infants with known or suspected infections or communicable diseases. Policies and procedures regarding isolation shall be	L 456		

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L 456	Continued From page 6  integrated with the hospital infection control program.  This regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that infants readmitted to the newborn nursery with suspicion of infection is isolated. Failed to have specific policy and procedures for isolation precautions of the newborn readmitted to the nursery with suspicion of infection. Facility census was 92. As evidenced by the following:  Findings:  During the onsite survey of the newborn nursery on 11/17/04 at 11:30am the surveyor observed that the newborn nursery staff was readmitting a 22-day-old sick infant who had been previously discharged to home to the hospital newborn nursery. The newborn was readmitted to the nursery for treatment and to rule out sepsis (blood infection). The 22-day-old infant was placed in an isolate in the nursery with four (4) additional newborn infants. The surveyor did not observe any specific provision for isolation of the 22-day-old infant to prevent the potential transmission of infection between the other infants in the nursery.  Interview with the Nursery Nurse Manager (coded letter K) on 11/17/04 at 11:40am he/she stated that the newborn nursery has no specific policy and procedure for isolation of the newborn with potential infection. Nurse Manager "K" stated that the only specific isolation precaution policy that he/she knows of was for Varicella (chicken pox). Nurse Manager "K" stated that babies are readmitted to the "NICU" who is less than 28 days old with infections. Nurse Manager "K"	L 456			

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L 456	Continued From page 7  stated that all babies in the NICU are on antibiotic and the potential for the spread of infection is not likely to occur.  Interview with the Infection Control Officer (coded letter J) on 11/18/04 at 10:30am he/she stated that babies are isolated in the corner of the nursery. If the baby is septic it will be isolated in the corner and screened off and the nurses will follow standard precaution. Infection Control Officer "J" stated that neonates are readmitted to the NICU nursery with infections that are less than 28 days old. Infection Control Officer "J" stated that he/she tracks infections in the nursery and noted that there has been infection in the nursery.  Review of the facility's internal policy titled "Infection Control Plan for Nursery 3.5" stated "any neonate less than 28 days of age maybe admitted to the NICU. Place neonate in an isolated area of the nursery ... Surface cultures of nares, umbilicus and rectum will only be done if ordered by physician ... The neonate will remain in an isolated area unless cultures are done and prove negative". Internal policy did not address screens.	L 456		
L 461	30-20.021(4)(E)11. INFECTIOUS CONJUNCTIVITIS  11. All cases of acute infectious conjunctivitis (Ophthalmia neonatorum) shall be reported immediately to the individual(s) responsible for the infection control program and to the local or district health department in accordance with section 210.080, RSMo.  This regulation is not met as evidenced by:	L 461		

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L 461	Continued From page 8  Based on record review and interview, the facility failed to have established policies and procedures in place for reporting of infectious conjunctivitis to the local health department. Facility census was 92. As evidenced by the following:  Finding:  During the onsite survey on the Nursery on 11/17/04 at 11:35am, the hospital did not have established policies and procedures in place for reporting infectious conjunctivitis to the local health department to ensure that follow-up care is provided to the infant and to control the infectious conjunctivitis from spreading to other infants.  Interview with the Nursery Nurse Manager (coded letter K) on 11/17/04 at 11:35am, he/she stated that he/she has checked with the infection control officer and the hospital has no policy and procedure in place for reporting cases of infectious conjunctivitis to the local health department. Nurse Manager "K" stated that he/she has looked but could not find any policy that addresses infectious conjunctivitis.  Review of the Bothwell Regional Health Center Public Health Infection Report dated year 2004 did not list infectious conjunctivitis as a reportable disease to the local health department.	L 461		
L 462	30-20.021(4)(E)12. DIARRHEA REPORTED  12. All cases of epidemic diarrhea of the newborn shall be reported immediately to the individual(s) responsible for the infection control program and the local or district health department.	L 462		

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L 462	Continued From page 9  This regulation is not met as evidenced by: Based on record review and interview, the facility failed to have a policy and procedure in place for reporting all cases of epidemic diarrhea of the newborn to the local health department. Facility census was 92. As evidenced by the following:  Finding:  During the onsite survey of the nursery conducted on 11/17/04 at 11:35am, the hospital did not have procedures in place for reporting all cases of epidemic diarrhea of the newborn infant to the local health department.  Interview with the Infection Control Officer (coded letter J) on the morning of 11/18/04, he/she stated that he/she was not aware of the specific State requirement for reporting epidemic diarrhea. Infection Control Officer "J" stated that he/she reports to the local and State agencies reportable diseases, but does not have specific policy and procedures for cases of epidemic diarrhea of the newborns.  Review of the Bothwell Regional health Center Public health Infection Report Listing for the year dated 2004 did not list epidemic diarrhea as a reportable infection disease to the health department.	L 462		
L 465	30-20.021(4)(E)15. PROVIDED SPACE  15. Space shall be provided for the preparation or the handling and storage of formula. Separate refrigeration shall be provided for formula.	L 465		

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L 465	Continued From page 10  This regulation is not met as evidenced by: Bases on observation and interview, the facility failed to ensure that outdated infant formula is not available for the newborn. Facility census was 92. As evidenced by the following:  During the initial tour of the newborn nursery on 11/17/04 at 11:45am, the surveyor observed that expired dated infant formula was stored on the formula shelves in the nursery formula room. These outdated formula are as follows:  1. 4-8 packs of Enfamil Lactofree 20 calories fluid ounce bottles with expired date October 4, 2004 2. 5-8 packs of Enfamil Premature Lipil Iron fortified 24 calories per fluid ounce bottles with expired date November 4, 2004. 3. 6-8 packs Enfamil Lipid low Iron formula 20 calorie per fluid ounce with expiration date November 4, 2004.  Interview with the Nurse Manager of the Nursery (coded letter K) he/she stated that all formula is received from the purchasing department. Nurse Manager "K" stated that the newborn nursery personnel is responsible for storing the formula on the formula shelves in the formula room. Nurse Manager "K" stated that all expired formula should have been disposed.	L 465		
L 467	30-20.021(4)(E)17. WRITTEN POLICIES  17. Written policies and procedures shall be established to provide safe transport of infants within the hospital or to another health-care facility.  This regulation is not met as evidenced by:	L 467		

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L 467	Continued From page 11  Based on record review and interview, the facility failed to ensure that written policies and procedures are established for transporting infants to another health care facility. Facility census was 92. As evidenced by the following:  During the onsite survey of the Newborn Nursery on 11/17/04 at 11:30am, it was confirmed that the hospital had a newborn nursery that provide care for newborn infants. The hospital also provides care for infants that are sick, requiring a higher level of care. However, the hospital does not have an established policy and procedure to transport infants to another facility for higher level of care as required by State Law.  Interview with the Nurse Manager of the Nursery (coded letter K) on 11/17/04 at 11:50am he/she stated that the hospital only has a policy to transport infants within the hospital. Nurse Manager "K" stated that the hospital does transport infants to other hospitals. Nurse Manager "K" stated that the hospital does not have a policy or procedure in place to transport infants to other hospitals.	L 467			
L 527	30-20.021(4)(J)7. REGISTERED PROFESSIONAL NURSE  7. A qualified registered or certified respiratory therapist or a registered professional nurse shall evaluate and reevaluate the therapy administered and this shall be documented in the patient's medical record.  This regulation is not met as evidenced by: Based on direct observations and record reviews, the facility fails to evaluate and reevaluate the therapy administered and fails to document the	L 527			

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L 527	Continued From page 12  evaluation of the respiratory treatment in the medical record. This was true for Patient #1.  On November 18,2004, two of the nurse surveyors observed and conducted medical record reviews on the medical floor. One patient was extensively reviewed as this patient had numerous health problems including pressure sores and aspiration pneumonia. At 1030 on 11-18-04, the nurse surveyor entered the room of Patient # 1. This patient was laying in bed, the position of the bed was flat, and the patient's skin color was dusky. The patient became short of breath when attempting to verbally communicating and the patient was confused. While the staff were repositioning the patient, the patient again became short of breath and appeared to have trouble breathing. Patient # was also coughing productively, a thick white sputum. Employee J agreed that this patient was experiencing difficulty with breathing. Employee J also stated that this patient is receiving nebulizer treatments from the respiratory therapy department. There was no documentation in the medical record reflecting what this patient's pulse oximetry results were (pulse oximetry provides estimates of arterial oxyhemoglobin saturation by utilizing selected wavelengths of light to noninvasively determine the saturation of oxyhemoglobin). Employee J, a nurse, was asked if a pulse oximetry was performed if the nurse felt the patient was in respiratory distress. Employee J stated that if a nurse feels the patient is experiencing shortness of breath, exhibits a dusky skin color, or appears in respiratory distress, the nurse can perform a pulse oximetry on any patient to determine what the oxygen saturation is of that patient. Patient # 1 did not have oxygen in place at this time. Employee J	L 527			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 527	<p>Continued From page 13</p> <p>obtained a pulse oximetry from Patient #1 with the results of 83% (ideal norms for this test is between 90-99%). Respiratory therapy was notified who arrived at the patient's bedside and administered a nebulizer treatment. When asked if the pulse oximetry was measured during the treatments, the respiratory therapist replied that this is not done "unless the physician orders it". The respiratory therapist completed the treatment and left the medical floor. Patient # 1 was still without oxygen. The attending physician was notified and gave orders to apply oxygen at 1 liter via a nasal cannula. Respiratory therapy was paged again and took approximately ten minutes before they arrived on the medical floor to hook up the oxygen to the patient.</p> <p>The policy and procedures were reviewed for the respiratory therapy department. The policy for aerosol therapy, Chapter 9 Section 1, states the following; "Record required data on a Respiratory Therapy Treatment Card, Record required data on a Respiratory Therapy Procedure Record in patient's chart, Record required data on Respiratory Therapy Patient Record in Respiratory Therapy Department". The policy states to record the "required data", but this required data in unclear as to what should be recorded. The Respiratory Therapy treatment card does contain a space for breath sounds and heart rate, but no additional information is entered on the card. The procedure for administering this treatment does not address the use of a pulse oximetry to monitor the patient's oxygen saturation. According to the American Association for Respiratory Care Practice Guidelines, pulse oximetry "provided estimates of arterial oxyhemoglobin saturation (SaO2) by utilizing selected wavelengths of light to noninvasively determine the saturation of</p>	L 527			

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L 527	Continued From page 14  oxyhemoglobin (Spo2). Indications include the need to monitor the adequacy of arterial oxyhemoglobin saturation, the need to quantitate the response of arterial oxyhemoglobin saturation to therapeutic intervention or to a diagnostic procedure, or the need to comply with mandated regulations or recommendations by authoritative groups". Using a pulse oximetry before and/or after a nebulizer treatment can assist the therapist in evaluating the effects of the treatment and the medication administered during the treatment. (AARC Clinical Practice Guidelines, RespirCare 1991;36;1406-1409). The use of this equipment is not included in the policy and procedures for the administration of aerosol therapy.	L 527		
L 566	30-20.021(5)(B)6. REVIEW AND EVALUATION  6. There shall be an annual review and evaluation of the quality of the infection control program.  This regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that the Infection Control Program is reviewed and evaluated annually. Facility census was 92. As evidenced by the following:  Findings:  During the review of the Infection Control Program on 11/18/04 at 10:30am, it was noted that the hospital has an Infection Control Program that meets every other month, with a multidisciplinary team, however there was no evidence the program addresses any issues for quality improvement. The Infection Control Program does not indicate if the program has	L 566		

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L 566	Continued From page 15  improved from year to year, or what the results of their findings indicate. The program had no goals on reducing nosocomial infection or what changes are needed for staff training and education to prevent infections. The Infection Control Program had no evidence that the program is evaluated annually, so that changes for quality can be determined and implemented.  Interview with the Infection Control Officer (coded letter J) on 11/18/04 at 10:30am he/she stated that the Infection Control Program does not have any annual summary of the program findings. Infection Control Officer "J" stated that he/she was not aware of the annual summary requirement. Infection Control Officer "J" stated he/she forwards graphs of nosocomial infection to the CQI and Quality and Safety Committee.	L 566			